

Idaho Department of Health & Welfare

Renewal Application for Certified Peer Support Specialist

Division of Behavioral Health

Barnett, Jennifer - CO 3rd
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Renewal Application for Peer Support Specialist Certification

Peer Support Specialist Application Checklist

The following tool is for you to ensure your application is complete prior to submission to the Division of Behavioral Health for certification.

- ☐ I am at least eighteen (18) years of age
- ☐ I have a completed and signed an application for Certification
- ☐ I have enclosed my Acknowledgement of Certified Peer Support Specialist Code of Ethics.
- ☐ I have enclosed verification of my continuing education hours

Renewal Application for Peer Support Specialist Certification

Certified Peer Support Specialist Application Instructions

Dear Peer Support Specialist Applicant,

Thank you for your interest in Peer Support Specialist certification through the Department of Health and Welfare Division of Behavioral Health (DBH). The life experience of someone living with a mental illness or co-occurring diagnosis is best understood by someone who has also walked a similar journey. Professional certification lends credibility to the individual professional and ensures quality services are received by the individual in care. You are commended on your commitment to quality mental health services by seeking certification.

Throughout the certification process you may have many questions, so feel free to contact our office at any time. We are here to help you!

To efficiently move through this process, follow these steps:

- Read this letter thoroughly
- Review the certification Frequently Asked Questions (FAQ) page and visit the website at <http://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx> so you are familiar with the requirements, process, and the Code of Ethics.
- Complete the attached renewal application for Certified Peer Support Specialist either electronically or handwritten using blue or black ink. Save your application and/or print a copy then either submit the application electronically to PeerSpecCert@dhw.idaho.gov or mail your application to:

Division of Behavioral Health
450 W. State St. 3rd floor
Boise, ID 83702
Attn: Peer Support Specialist Certification Oversight Committee

- Refer to the check list in the application to ensure that you are submitting all the required documentation.

Your renewal application must be postmarked on or before the last day of the month as shown on your certificate. For example, if you were certified September 1st 2016, your certificate will expire September 30, 2016. If your renewal application is not complete and received by the last day of the month shown on your certificate, any Peer Support services provided may not be reimbursable due to your Certification being invalid.

Renewal Application for Peer Support Specialist Certification

Once we have received your completed application, you will be notified by mail or email that your application has been received and/or if there are additional documents needed. If your application is complete upon initial review, then it will be reviewed by the Peer Support Specialist Certification Oversight committee for final processing. Within thirty days of initial receipt, you will receive either a certificate and letter in the mail or a letter stating reasons for denial and your rights to file a grievance regarding the decision.

If you disagree with the outcome of your application for certification, you are able to file a grievance.

Please submit in writing your grievance to:

Division of Behavioral Health
450 W. State St. 3rd floor
Boise, ID 83702
Attn: Candace Falsetti, QA Program Manager
PeerSpecCert@dhw.idaho.gov

Submit your valid factual reason for disputing the action you deem unjustified. Your grievance will be registered and reviewed and you will receive a response that your written grievance was received. A decision for your grievance will be made within 60 days of receipt. All decisions made on a submitted grievance are final.

If you are applying for certification for the first time or were previously certified in Idaho or another state, please go to the website at:
<http://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx> to obtain the initial Peer Support Specialist application or the application by reciprocity.

Should you have questions, please feel free to contact us at: 208-639-5720 Thank you again for your interest in becoming a Certified Peer Support Specialist in Idaho.

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An individual, who is certified as a Peer Specialist, shall satisfactorily complete a minimum of ten (10) Continuing Education hours through training in conjunction with the certification renewal process. At a minimum, one (1) of the Continuing Education/training hours shall be in Ethics.

Name (please print) _____

Certification Number: _____ Certification Date: _____

Address: _____

City: _____ State: _____ ZIP _____

Phone Number: () _____ Email: _____



Please check box if above is new information since initial application.

List the title, date, sponsoring organization/association/agency, and the number of hours for each continuing education training attended. Please attach supporting documentation of your hours earned. Attach additional pages as needed.

1. _____ Title of Training	_____
	Sponsoring Organization/Association/Agency

Number of Hours _____ Date _____

2. _____ Title of Training	_____ Sponsoring Organization/Association/Agency
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Number of Hours _____ Date _____

3. _____ Title of Training	_____
	Sponsoring Organization/Association/Agency

Number of Hours _____ Date _____

Renewal Application for Peer Support Specialist Certification

Acknowledgement of the Certified Peer Support Specialist Code of Ethics and Behavioral Health Peer Support Specialist standards

You may obtain the latest version of the Code of ethics at:

<http://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx>

You may obtain the latest version of the Peer Support Specialist Standards at:

<http://healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=69pli1zvt94%3d&tabid=2935&portalid=0&mid=12281>

By initialing and signing, you understand that you are required to follow the professional standards of conduct detailed in the Certified Peer Support Specialists Code of Ethics and the State of Idaho Division of Behavioral Health standards for Peer Support Specialists. Your initials and signature are required in this section.

I acknowledge that I have received a copy of the most current Idaho Certified Peer Support Specialist's Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto.

Initials _____

I acknowledge that I have received a copy of the most current Idaho standards for Peer Support Specialists.

Initials _____

I further acknowledge that I have read and understood all my obligations, duties, and responsibilities under each principle and provision of the Certified Peer Support Specialists Code of Ethics and will read and understand all my obligations, duties, and responsibilities under all future amendments and modifications to the Code of Ethics.

Initials _____

Renewal Application for Peer Support Specialist Certification

I further acknowledge that I have read and understand all my obligations, duties, and responsibilities under the Peer Support Specialist standards for the provision of Peer Support Specialist services. I will read and understand my obligations, duties, and responsibilities under all future amendments and modifications to the Peer Support Specialist standards.

Initials _____

Print full name

Date

Signature